Care Quality Commission

Care UK Community Partnerships Limited

Mills Meadow

Inspection report

Fore Street
Framlingham
Woodbridge
Suffolk
IP13 9DF
Tel: 01728724580
Website: www.careuk.com

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Mills Meadow provides accommodation and personal care for up to 30 older people who require 24 hour support and care. Some people are living with dementia.

There were 29 people living in the service when we inspected on 30 April 2015. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to ensuring people were consistently supported by

Summary of findings

sufficient numbers of staff with the knowledge and skills to meet their needs. You can see what action we told the provider to take at the back of the full version of this report.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake appropriate referrals had been made for specialist advice and support. However, improvements were needed in people's mealtime experience.

People received care that was personalised to them and met their needs and wishes. The atmosphere in the service was friendly and welcoming. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner. However, improvements were needed in the way that staff recorded issues with people's anxiety and distress.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. Systems were in place to monitor the quality and safety of the service provided. However improvements were needed to drive the service forward.

Procedures and processes were in place which safeguarded people from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. Appropriate recruitment checks on staff were carried out.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

Staff listened to people and acted on what they said. Staff understood how to minimise risks and provide people with safe care. Appropriate arrangements were in place to provide people with their medicines safely.

People were encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

People voiced their opinions and had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

People were supported by the manager and staff to make decisions about how they led their lives and wanted to be supported. People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing level arrangements were not consistent to ensure there were sufficient staff to meet people's care and welfare needs.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. Improvements were needed in people's mealtime experience.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon. However, improvements were needed in the way that staff recorded issues with people's anxiety and distress.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's complaints were investigated, responded to and used to improve the quality of the service.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

The service's quality assurance system was not robust enough to identify shortfalls. Further improvements were required to ensure the quality of the service continued to improve.

People were asked for their views about the service.

Requires Improvement

Mills Meadow

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 13 people who used the service and seven people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with the regional manager, the registered manager and 11 members of staff, including care, nursing and domestic staff. We also spoke with a visiting professional. We looked at records relating to the management of the service, two staff recruitment and training, and systems for monitoring the quality of the service provided.

Is the service safe?

Our findings

We received mixed feedback about the staffing arrangements in the service. One person said, "I feel absolutely safe here and if I buzz [press call bell], they [staff] come quickly." However, the majority of people told us there were not enough staff to meet their needs and described instances where they had to wait for staff to assist them. One person said, "I think that they need more staff as they are over worked. The busiest times are meal times but it can also occur when there is an unusual event." Another person explaining about their experience of using their call bells said, "Buzzers; sometimes they [staff] come immediately others take longer but they come and tell you when they will be coming back. Only a couple of times when it has not been acceptable and it could have been quicker."

We found inconsistencies with the staffing levels and arrangements in the service. On both floors the delegation and organisation of staff did not always mean people received the support they needed consistently and in a timely way. This included people having to wait longer in bed until staff were available to assist them to get up. In one of the lounges on the ground floor people living with dementia were left alone for long periods of time with no interaction, staring ahead showing signs of being withdrawn and disengaged, whilst care staff were answering call bells or writing up care records. Some staff interactions at times were task orientated and staff appeared hurried and rushed to get things done.

We observed a member of care staff during the morning medicine round disrupted several times; answering call bells and responding to requests for assistance. On one occasion they asked a domestic member of staff who was in the kitchen providing support during breakfast, to "Keep an eye," on the medicines trolley whilst they turned off a door alarm. The member of care staff did not follow safe practice and lock the trolley whilst it was unattended. This put people at risk of accessing medicines that could have caused them harm. Although this member of staff ensured people received the right medicines as they were administering them and were calm and reassuring in their manner explaining to people what their medicines were.

They were put under significant pressure as a result of there not being not enough visible staff to deal with the frequent interruptions which could have resulted in potential medicines errors and risks to people.

Staff we spoke with expressed concern over staffing numbers. One member of staff said, "We definitely need more staff. There is not enough of us at times and it feels like your rushing around all the time." Another member of staff told us, "We need more staff in the mornings with double ups [two care staff assisting a person] and meds [administering medicines] more staff is required." Staff told us how the staffing levels and arrangements were impacting on morale. One member of staff said, "We are not getting our breaks, we are running ourselves ragged and getting stressed and depressed. It is not the residents' fault we need more staff."

Relatives told us of instances where there were not enough staff to meet people's needs. One said, "It does look like the staff are under pressure rushing around. They work ever so hard but do seem to be struggling to manage especially at meal times or in the mornings where it is busy. Weekends can be hit and miss depends which team leader is working. Some are more organised than others." Another relative told us, "Everything is ok here except twice (once last week and today it was now 11.40) they [staff] have not made [person's] bed." Several relatives told us of difficulties they had accessing the premises. One relative said, "Getting into the building is hard. You ring the bell and at weekends you would see two or three relatives waiting to be let in. It has got better. Kitchen staff eventually let us in once."

The manager advised us to ensure there was adequate staffing cover they utilised some of the domestic staff during the busier times of the day such as at breakfast and at tea time helping to get things ready to enable the care staff to support people. They told us they would look into their processes to address the inconsistencies we found. The staff rota and our observations confirmed the staffing levels which we had been told about.

Following our inspection the manager submitted an improvement plan confirming a review of the staffing levels and arrangements was underway and they were working with their team leaders to ensure there were sufficient numbers of staff with the right skills and competencies to

Is the service safe?

meet people's care and welfare needs. However these improvements will need to be sustained to ensure people are consistently supported by enough numbers of staff with the knowledge and skills to meet all their needs.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medications when required. One person said, "I have pain killers and I ask for tablets when I need them and I have never been refused." We observed a member of staff administering medicines to people. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food.

Although people received their medicines as prescribed and intended. We were concerned that people had been put at risk in the instance when the medication trolley had been left unattended.

Following our inspection the manager submitted an improvement plan to address our shortfalls. Measures taken to minimise risk included medication competency checks on staff, providing them with refresher medication training and communications around best practice to staff. This assured us that systems were in place to provide people with their medicines safely.

Staff had received training in safeguarding adults from abuse. Staff understood the provider's policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. Staff also had an understanding of whistleblowing and told us that they would have no hesitation in reporting bad practice.

People had individual risk assessments which covered areas such as nutrition and moving and handling with clear instructions for staff on how to keep people safe. Outcomes of risk monitoring informed the care planning arrangements, for example sustained weight loss prompted onward referrals to dietetics services. We saw that people were being supported to move in a safe manner which was in line with their risk assessments.

People told us that they were safe living in the service. One person told us, "I feel safe and sound here." Several people told us that having their belongings with them in their bedrooms had added to their sense of wellbeing and feeling secure. One person said, "I have everything I need with me, all my stuff is like me and well protected here; am as safe as houses."

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

Equipment, such as hoists had been serviced so they were fit for purpose and safe to use. The environment was free from obstacles which could cause a risk to people as they moved around the service. Records showed that fire safety checks and fire drills were regularly undertaken to reduce the risks to people if there was fire. Information including guidance and signage were visible in the service to tell people, visitors and staff of the evacuation process in the event of a fire.

Is the service effective?

Our findings

We found inconsistences in people's meal time experiences. The majority of staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitivity and respectfully. However we saw instances where people were provided with food which was only eaten when staff sat with them and encouraged them to eat. Once staff walked away to assist somebody else or to undertake a task, people became disengaged in the activity and stopped eating. One person was seen to fall asleep between courses during the lunchtime meal each time the care staff went away. We noted that two people did not eat unless prompted and without the encouragement by staff ate very little. Improvements were needed to ensure people who require assistance to eat or drink were effectively supported.

People were complimentary about the food and told us they had plenty to eat and drink. One person said the, "Food is lovely with very good portions and enough variety." Another person told us, "The food is alright and I can always ask for more if I want. I like my food. All the meals are my favourites." People told us their personal preferences were taken into account and there was a choice of options at meal times. One person said, "The food is good and you always get a choice and I ask for food without the sauces as I do not like them. If you do not like anything on [menu] they [kitchen staff] will always find something you like."

Staff were aware of people's specific dietary needs. This included which people were unable to have foods such as grapefruit which would affect their medication and where special diets were in place such as fortified foods to boost calorie intake.

Staff told us they were provided with the training they needed to meet people's needs. This included refresher updates and specific training to meet people's individual needs. This included supporting people with their diabetes and Parkinson's Disease. People had different levels of dependency for staff to help and support them and the training they had reflected this. We saw a member of staff support a person who was distressed in a consistent and calm manner. They demonstrated their understanding of the person's needs and their reassurance comforted and settled them.

Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice, in regular team meetings and supervisions with their manager. Through discussion and shared experiences they were supported with their on-going learning and development. Staff had an awareness of how to support people with dementia and how it impacted on people in different ways. We saw this in how they adapted their approach to different people including how they communicated; taking their time to speak and waiting for the person to respond.

People told us that the staff sought their consent and acted in accordance with their wishes. One person said that the staff, "Check with me first before they do anything and make sure I agree before helping me with getting up and [personal care]." Another person told us, "They [staff] get my permission; asking me what I want or need them to do." We saw that one person had decided they wanted to remain in their nightclothes. They told us that they were "Not getting dressed today. Don't want to." During our inspection we saw that staff discreetly checked with the person if they wanted help to get dressed and checked if they were warm enough or needed a blanket. The person told them they did not want to get dressed and did not need a blanket. A member of staff said, "Sometimes [person] will change their mind and with assistance will get dressed. Other times like today they don't want to get dressed. That's fine we will respect their wishes but will check to make sure they are warm enough or haven't changed their mind." This showed us that people's consent was sought and assistance was not provided until the person had agreed to it.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. The Deprivation of Liberty Safeguards (DoLS) were being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to ensure that any restrictions on people, for their safety, were lawful. Staff recognised potential restrictions in practice and that these were appropriately managed. For example, staff understood that they needed to respect people's decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out to

Is the service effective?

ensure that decisions were only made in their best interests. People's relatives, health and social care professionals and staff had been involved and this was recorded in their care plans.

People said that their health needs were met and they had access to healthcare services and ongoing support where required. One person said that there were regular visits from nurse practitioners and that staff, "Don't hang around to call out the doctor when you're not well." One person's relative described how they had been worried about their person's health and when they mentioned this to staff were reassured by the actions taken. This included a doctor's visit arranged for later that day. They told us how the staff had contacted them afterwards to advise what the doctor had said and this had, "Given me peace of mind that [person] was in good hands."

Records showed routine observations such as weight monitoring were effectively used to identify the need for specialist input. Documentation showed that staff worked closely when required with specialists such as dieticians in relation to swallowing needs and people identified underweight on admission to the service and outcomes were used to inform care planning.

During our inspection we spoke to a visiting social care professional who said that the manager and staff worked closely with relevant agencies to provide care to meet people's individual needs.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "The people [staff] are very kind without fail and I have never heard anyone being cross. Another person commented about the staff, "They are genuinely nice people and always kind and considerate." A visiting health professional told us that they had observed that the staff spoke with people in a caring manner.

The atmosphere within the service was welcoming, relaxed and calm. One person said, "It is excellent accommodation. Extremely good staff and the carers are very good." Another person said, "It is very good here. I think it would be difficult to apply this standard elsewhere."

We observed the staff and people together. Staff talked about people in an affectionate and compassionate manner. One staff member said, "I love working here. The people are what make my job so enjoyable." We saw that the staff treated people in a caring and respectful manner; making eye contact and listening to what people said and responding accordingly. People were at ease with each other and the staff showed genuine interest in people's lives and knew them well, their preferred routines, likes and dislikes.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff took time to explain different options to people around daily living and supported them to make decisions such as what they wanted to eat and drink, where they wanted to spend their time and whether or not to join in group activities. Staff listened and acted on what they said. One person told us, "They [staff] are ever so encouraging and supportive and try to get you interested in different things. They don't push if you say no. Some are really thoughtful and remember the little things like your favourite paper and know how you take your tea. That goes a long way for me; it means a lot."

We saw that staff adapted their communication for the needs of people living with dementia. Staff used a variety of techniques to engage with people; through appropriate use of language and also through non-verbal communication such as using reassuring touch to encourage or show understanding and compassion. Staff referred to people by their preferred names including nick names where appropriate.

People told us that staff included them in decisions about their care arrangements and they felt involved in the process. One person explained how they had requested a change to their bath time from the afternoon to the morning and this had been accommodated. They said, "Before it was far too late and left me out of sorts for the whole day. Felt like I was on constant catch up. Now it's much better and wasn't a problem to change." Relatives told us they were kept informed about the daily routines and wellbeing of people and their views were taken into account. One relative said, "No concerns with how things are done. [Person] has settled in well. The staff have gone through things with me and asked me to tell them things about the [person] what they like and don't like so it helps them understand them more. I was impressed with that."

People's privacy and choices were respected. This included staff knocking on bedroom and bathroom doors before entering and ensuring bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

Requires Improvement

Is the service responsive?

Our findings

Whilst we observed that there were some areas of good practice with regards to activities and social stimulation in the service we found inconsistences. This included several instances where some people were left for long periods of time with little or no stimulation. This was because staff were busy supporting people with their task based needs, including personal care or mobilising. The management team assured us they would look into this and address our concerns.

Where people were observed to take part in activities, these varied from individual to group activities that interested them. This included attending playing games and doing puzzles. In the ground floor lounge a member of staff had arranged the furniture and was facilitating conversation that engaged each person making it a social occasion whilst people pursued their own interests. One person told us, "Every day I have the paper and I flick though the news and then I do the crossword and if I get stuck I ask one of the carers." Another person said, "It is a very well run care home and we have good times out. Went to Southwold and had fish and chips." Talking about what they were enjoying that day they told us, "I have been sitting in the garden here in the sunshine."

People and their relatives told us that there were regular social events that they could participate in which reduced the risk of isolation and feeling lonely. One person said, "We had a visit to Southwold and entertainers come in and we sing. We have these themed days every so often. Today is French day so we are celebrating all things French. I am particularly looking forward to the food. Mussels or onion soup. They [staff] have dressed the place up nice and made an effort. There is usually something going on but it can be a bit lax at the weekends. I am ok as I have visitors but not everyone does."

We observed staff delivering care and support to people in line with their care plans which was responsive to their needs. However, there were some inconsistences in people's daily records. Several seen were task focused and generic. The manager explained how they were developing this area introducing a new format to enable staff to record their observations and comments about people's personalised care and wellbeing. Additional support for staff including training and internal communications had been planned and would address the shortfalls we found.

There were also discrepancies in care records, for example one person's care summary stated that the person wished to be resuscitated but there was a form in place which stated that they did not want to be resuscitated. This was a potential risk of the person not having their end of life wishes adhered to.

Staff talked with us about people's specific needs such as their individual likes and dislikes and demonstrated an understanding about meeting people's diverse needs, such as those living with dementia. This included how people communicated, mobilised and their spiritual needs. They knew what was important to the individual people they cared for. This was reflected in their care records.

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. They contained information about people's likes, needs and preferences. This included details about what they liked to wear, how they liked to be approached and addressed. Information about people's life history and previous skills and abilities were used to inform the care planning process. This included planning activities which interested and stimulated them.

People told us that they received personalised care which was responsive to their needs. One person said, "I can get up and go to bed when I want and yesterday I asked for a bath and they [staff] showed me nothing but respect." Another person told us about their experience of using their call bell and how quickly staff responded they said, "Yesterday I glided out of bed and could not get up off the floor but I could reach the buzzer and [staff] came and saw me on the floor and went to get someone else and they picked me up and asked if I was OK, did I have any pain and asked me to move my arms and legs and popped me back into bed."

People and their relatives told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns were usually addressed by a member of staff. One person's relative told us how they had reported a concern to staff about their relative not wearing their hearing aids impacting on their ability to hear. They told us that staff had listened and acted appropriately. They said, "Any concerns when raised are taken seriously. No hearing aids were in. Now [staff] are checking a bit more and [person] has them in."

Requires Improvement

Is the service responsive?

Although this had not been formally reported to the management team a relative told us of their frustration that the Wi-Fi access code in the service changed every day and there had been technical problems that hindered potential virtual communication with their relative when they were unable to physically visit. They said that when they did visit the service the Wi-Fi problems meant that, "You cannot sit and show your relative family pictures on your phone or laptop." The manager advised us they were addressing the technical problems and would also look into improving communication to relatives about the Wi-Fi access codes.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People were asked if they had any concerns and were reminded about the complaints procedure in meetings which were attended by the people who used the service. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. Compliments, comments, concerns and complaints were documented, acted upon and were used to improve the service.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we noted there were some areas where changes could have been made to improve the quality of the service provided and experience for people using the service. This included having sufficient staff to meet people's needs.

Records showed that concerns regarding the staffing levels that we had seen during our visit had been raised which identified that this was not a unique situation, for example, the staff handover sheet for 23 April 2015 stated that one person was, "Upset in morning as no one had time to make breakfast." Feedback in these records about another person stated, "Annoyed about staffing." The minutes of a meeting attended by people who used the service on 17 March 2015, a person stated, "Staff need more…" Concerns about staffing had also been raised in other meetings attended by people who used the service and relatives in January and March 2015. Despite these comments there had been no changes to the staffing arrangements.

The service's own processes regarding staff deployment in the service did not support staff to meet people's needs effectively. For example on the first floor there was one team leader and two care staff. There was a list of duties that the team leader was required to complete throughout their day which took up their time, including uninterrupted medicines administration, making referrals, wound checks, staff handovers and assisting with meals. This left two care staff to support 15 people with their needs, some who needed the assistance of two staff. However, an entry in the communication book 21 April 2015 stated that the outcome of the 10 at 10 (monitoring and planning meeting) there should be a staff member in the communal areas at all times. This had not been independently picked up by the service's own quality assurance processes as a problem of people not having their needs met and the impact it had on their wellbeing.

Robust governance systems were not in place. Existing quality assurance processes needed to be further developed. The shortfalls we had identified where quality and or/ safety were being compromised had not been picked up through the provider's internal quality monitoring arrangements. This included staffing level arrangements and using language that did not value people in their care records. Whilst the manager submitted an action plan to us following the inspection addressing the areas we raised and actions taken to mitigate the risks, improvements were needed to ensure that systems and processes identified shortfalls independently; swift action was taken with outcomes supporting ongoing learning and sustained improvements.

It was clear from our observations and discussions that people, their relatives and staff were comfortable and at ease with the manager and senior team.

People told us they felt valued, respected and included because the manager and staff were approachable and listened to and valued their opinions. Relatives said the management team were a visible presence and accessible to them. They said that they were provided with the opportunity to attend meetings and considered it relevant because their feedback was acted on which improved things, such as the quality of food, environment and choice of activities. Meeting minutes showed that people were encouraged to share their views. One relative said, "When anything is raised they [management] are not defensive. It feels unusually positive and the staff are very good."

People, relatives and visitors told us they had expressed their views about the service through regular meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. However, there were inconsistencies in the meeting minutes. The actions arising from previous meetings were not clearly documented to show that people's feedback had been acted on and used to improve the service.

Staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. When accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or environmental obstacles when falls had occurred) which might be a factor.

Staff were clear on their roles and responsibilities. They told us they felt supported by the management team and could go and talk to them if they had concerns. Staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as any issues that had arisen and what actions had

Requires Improvement

Is the service well-led?

been taken. They said that the meetings promoted shared learning and accountability within the staff team. Despite this staff told us that staffing level arrangements affected their ability to meet people's needs effectively and this had impacted on their morale.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staffing arrangements were not consistent to ensure there was sufficient numbers staff to meet people's care and welfare needs.** Regulation 18 (1)